

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)	037895102					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51						
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43						93						
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45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	2					TOTAL IND.						
TOTAL DEP.	2					TOTAL DEP.						
TOTAL CLAIMS	2					TOTAL CLAIMS						

Best Available Copy